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Atty. Dkt. No. 041303-0138
Appl. Ser. No. 09/812,720

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mellencamp, Mark W.
Title: EQUINE HERPES VIRUS
VACCINE
Appl. No.: 09/812,720
Filing Date: 03/20/2001
Examiner: Foley, Shanon A.
Art Unit: 1648

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979073430 US (Express Mail Label Number)	10/30/03 (Date of Deposit)
Roberta A. Cooper (Printed Name)	
<i>Roberta A. Cooper</i> (Signature)	

RECEIVED

NOV 10 2003

AMENDMENT TRANSMITTAL

Mail Stop NON-FEE AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

TECH CENTER 1600/2900

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Amendment Under 37 C.F.R. § 1.111 (11 pgs.)
- [X] Supplemental Information Disclosure Statement Under 37 CFR § 1.56 (3 pgs.).
- [X] Form PTO/SB/08 (1 pg.) and copies of 11 references.
- [X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	33	<input type="checkbox"/>	36	=	0	x	\$18.00	=	\$0.00
Independents:	5	<input type="checkbox"/>	7	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL:									= \$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$0.00

- ☒ Check number 13169 in the amount of \$180.00 to cover Supplemental Information Disclosure Statement fee is enclosed.

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

10/30/03

By

M. Scott McBride

FOLEY & LARDNER

Customer Number: 26371

Telephone: (414) 297-5529

Facsimile: (414) 297-4900

M. Scott McBride

Attorney for Applicant

Registration No. 52,008